

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <i>427787</i>	FILING DATE <i>10-27-99</i>		
						CLAIMS			
AS FILED		AFTER SEARCHED		AFTER EXAMINED					
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.		
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
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32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						TOTAL NO. <i>3</i>			
42						TOTAL DEP. <i>19</i>			
43						TOTAL DEP. <i>19</i>			
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98						TOTAL DEP. <i>19</i>			
99						TOTAL DEP. <i>19</i>			
100						TOTAL DEP. <i>19</i>			